

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR
999000495

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): 4455 LOCK
Pick up Address: 1334 S. Main St.
Telephone Number: () () ()
P.O. or Contract No.: () () ()

Order Placed By: _____

Date: _____

Type of Process:

(Examples: metal plating, equipment cleaning, oil distilling, food No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of waste:

- | | |
|---|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Palm sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Greasy waste |
| 6. <input type="checkbox"/> Tarry/sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical coolant wastes | 14. <input type="checkbox"/> Ink and water |
| | 15. <input type="checkbox"/> Other |

☐ Other (Specify): _____

Code No. () () ()

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)

Upper Lower Concentration: ppm

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Hazardous Properties of Waste:

PH 2.00 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 2000 gal ☐ drums ☐ barrels (42 gal) ☐ other (specify) _____
Containers: ☐ drums ☐ barrels ☐ bags ☐ other (specify) _____
Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify) _____
Special Handling Instructions (if any): _____

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Co.
Business Address: 2501 1/2 W. Manchester Ave. Inglewood, CA
Telephone Number: 778-7842 Pick up: () () () Time: () () ()
State Liquid Waste Hauler's Registration No. (if applicable): 483

Job No.: _____

No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ Vacuum truck ☐ Barrels, ☐ Flatbed, ☐ Other None (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES, INC.
Site Address: 2425 S. Garfield Ave. Inglewood, CA
Code No. () () ()

The hauler above delivered the waste to the disposal facility and it was an acceptable material under the requirements, State Department of Health regulations, and local health orders.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
☐ treatment (specify): _____
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ incineration ☐ other (specify): _____

If waste is held for disposal elsewhere specify final location:

Disposal Date: 1-23-80
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title: [Signature]
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly reports.

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NO 088

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature] 1-23-80

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.